

**Pre-Registered Attendee Mailing List Order Form** 

## This form must be returned to APhA no later than February 16, 2024.

The APhA2024 pre-registration mailing list includes name, company (if included on the registration form) mailing address and e-mail.

Price: \$2,000 per order

March.

Company Name:				
Primary contact and title:				
Booth #:	Telephone:		_ Email:	
Credit Card Payment:	□ VISA	☐ American Express	□ Master Card	
Card Number:				
Expiration Date:		Amount:		
Name as it appears on the	Card:			
Street address and zip cod	e of billing add	dress:		
-	e entered into a	any electronic databases. B	tion of names is prohibited.  y signing this agreement, the love rules governing the use of	
Signature:			Date:	

John Russell American Pharmacists Association 2215 Constitution Avenue, NW Washington, DC 20037 Phone: 202-429-7570

Return form to John Russell by February 16. You will receive the list by email in excel format in early

Email: jrussell@aphanet.org